

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVN4968PRI</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>06/28/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>ELY STATE PRISON</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>4569 NORTH STATE RT 490 ELY, NV 89301</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
S 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of a survey conducted at your facility from 6/23/10 through 6/28/10 in accordance with the Nevada Revised Statutes (NRS) 209.382(1). NRS 209.382 State Health Officer to examine and report on medical and dental services, diet of offenders, sanitation and safety in institutions and facilities.</p> <p>1. The State Health Officer shall periodically examine and shall report to the Board semiannually upon the following operations of the Department:</p> <p>(a) The medical and dental services and places where they are provided, based upon the standards for medical facilities as provided in chapter 449 of NRS. (b) The nutritional adequacy of the diet of incarcerated offenders taking into account the religious or medical dietary needs of an offender and the adjustment of dietary allowances for age, sex and level of activity. (c) The sanitation, healthfulness, cleanliness and safety of its various institutions and facilities. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p>	S 000			
S 128	<p>NAC 449.327 Sterile Supplies and Medical Equipment</p> <p>2. A hospital which prepares, sterilizes and stores its supplies and equipment directly shall develop systems and standards that are consistent with:</p> <p>(c) When applicable, the manufacturer's guidelines for the use and maintenance of the equipment.</p>	S 128			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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S 128	Continued From page 1  This Regulation is not met as evidenced by: Based on observation and record review from 6/23/10 to 6/28/10, the correctional center was not following manufacturer's guidelines for the use and maintenance of the sterilizer equipment.  Findings include:  Multiple instrument packs were observed. The instruments (clamps, scissors, etc.) inside the sterile packages were in the clamped position.  Review of the autoclave operation manual revealed instructions that all instruments should be in an open position when sterilized.	S 128			
S 129	NAC 449.327 Sterile Supplies and Medical Equipment  3. If the supplies and equipment are sterilized on the premises of a hospital, the process of sterilization must be supervised by a person who has received specialized training in the operation of the process of sterilization, including training in methods of testing the process to verify the efficiency of the process of sterilization. This Regulation is not met as evidenced by: Based on interview and record review from 6/23/10 to 6/28/10, the correctional center failed to ensure that instruments were sterilized by a person who had received specialized training in the operation of the process of sterilization.  Findings include:  While inspecting the trauma rooms and dental room, numerous instruments, forceps and clamps were discovered to have been sterilized in the clamped closed position.	S 129			

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S 129	Continued From page 2  When interviewed, Employee #11 stated she was the person responsible for the sterilization of all instruments. Employee #11 then reported she could not remember if she ever had any specialized training on the process of sterilization including training in methods of testing the process to verify the efficiency of the process of sterilization.  When Employee #11's personnel file was reviewed, no documentation was found indicating she had completed the required training.	S 129			
S 219	NAC 449.340 Pharmaceutical Services  5. Drugs and biologicals must be controlled and distributed in a manner which is consistent with applicable state and federal laws. This Regulation is not met as evidenced by: Based on observation and record review from 6/23/10 to 6/28/10, the correctional center did not ensure that drugs and biologicals were controlled and distributed in a manner which was consistent with facility policy and applicable state and federal laws.  Findings include:  During an observation of the medical supply cabinet in the trauma treatment room, multiple injectable medication solutions had been opened, but had not been dated with the date they were opened. In addition, there was a tube of oral glucose which had expired. Employee #15 reported that one of the registered nurses took care of the medical supplies in the treatment room and checked for expired medications every month.  A policy titled, "Returning Medication to	S 219			

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S 219	Continued From page 3  Pharmacy" indicated that medications would be inspected for expiration dates on a bi-monthly, or as needed basis, and removed from the medication rooms by the Director of Nurses or designee.  A policy titled, "Medication Administration" indicated that all multiple dose vials would be dated with the date they were opened.  A policy titled, "Discarding of Medication" indicated that opened multiple dose medication vials would be discarded 30 days from the date opened.	S 219			
S 340	NAC 449.363 Personnel Policies  5. The hospital shall ensure that the health records of its employees contain documented evidence of surveillance and testing of those employees for tuberculosis in accordance with chapter 441A of NAC. This Regulation is not met as evidenced by: Based on record review from 6/23/10 through 6/28/10, the correctional center failed to ensure 1 of 16 medical staff were in compliance with NAC 441A. regarding tuberculosis (TB).  Findings include:  Employee #6- The file contained a two-step TB skin test completed 2/01/09. The employee file did not contain an annual 2010 one-step TB skin test.	S 340			

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